

Intradialytic Parenteral Nutrition (IDPN)

Policy Number: M20170920044
Effective Date: 5/1/2001
Sponsoring Department: Pharmacy
Impacted Department(s): Medical Management, Pharmacy

Type of Policy: Internal External

Data Classification: Confidential Restricted Public

Applies to (Line of Business):

- Corporate (All)
- State Products, if yes which plan(s): MediSource; MediSource Connect; Child Health Plus; Essential Plan
- Medicare, if yes, which plan(s): MAPD; PDP; ISNP; CSNP
- Commercial, if yes, which type: Large Group; Small Group; Individual
- Self-Funded Services (*Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.*)

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes No

Purpose and Applicability:

This policy is written to define how Intradialytic Parenteral Nutrition (IDPN) is covered across all lines of business.

Policy:

Commercial, State and Self-Funded:

IDPN is covered as a medical benefit. No prior authorization is required. Providers should bill Independent Health with the appropriate service codes.

Medicare Advantage:

To cover intradialytic parenteral nutrition (IDPN) as a Part B (medical benefit), documentation must be clear and precise to verify that the member suffers from a permanently impaired gastrointestinal tract and that there is insufficient absorption of nutrients to maintain adequate strength and weight.

If the member DOES possess a functioning gastro-intestinal tract, IDPN is covered as a Medicare Part D benefit.

There is Part D coverage for amino acid, dextrose, and lipids that meet the definition of Part D drugs.

There is no Medicare coverage (under part B or part D) for ingredients such as sterile water, since non-covered drugs and other ingredients must be treated as general pharmacy overhead.

Approval under Part D may be provided for one (1) year at a time and may be renewed provided patient continues to meet the criteria listed above. Approval under Part B may be provided indefinitely.

Pre-Authorization Required? Yes No

Definitions

Intradialytic means occurring or carried out during hemodialysis.

Parenteral Nutrition: The intravenous administration of nutrients which may be delivered via a central line into a large-diameter vein, usually the superior vena cava adjacent to the right atrium or via a peripheral vein, usually of the hand or forearm.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

N/A

Regulatory References

Medicare Prescription Drug Manual, Chapter 6, Appendix C; Revised 1/15/16

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf>

Department of Health and Human Services, Center for Medicare, Memo to Part D Sponsors regarding IDPN/IPN Coverage Under Medicare Part D; October 5,2012

Version Control

Sponsored By:

Signature/Approval on File? Yes No

Revision Date	Owner	Notes
5/1/2001	Medical Management	Reviewed
6/4/2001	Medical Management	Revised

6/13/2002	Medical Management	Reviewed
6/12/2003	Medical Management	Reviewed
6/10/2004	Medical Management	Reviewed
6/9/2005	Medical Management	Reviewed
6/6/2006	Medical Management	Reviewed
6/19/2007	Medical Management	Reviewed
8/1/2008	Medical Management	Revised
6/16/2009	Medical Management	Reviewed
6/1/2010	Medical Management	Revised
7/1/2011	Medical Management	Revised
7/1/2012	Medical Management	Revised
6/1/2013	Medical Management	Revised
7/1/2014	Medical Management	Revised
8/2/2015	Medical Management	Revised
1/1/2016	Medical Management	Revised
3/1/2017	Medical Management	Revised
12/1/2017	Pharmacy	Revised
5/1/2018	Pharmacy	Revised
05/01/2019	Pharmacy	Revised
08/01/2019	Pharmacy	Revised
5/1/2020	Pharmacy	Revised
2/18/2021	Pharmacy	Reviewed
2/17/2022	Pharmacy	Reviewed
2/16/2023	Pharmacy	Reviewed
1/1/2024	Pharmacy	Revised